St. Clair Ca - S.F.

153489

Notification of Hazardous Waste Site

United States Environmental Protection Agency Washington DC 20460

This initial notification information is required by Section 103(c) of the Comprehensive Environmental Response, Compensation, and Liability Act of 1980 and must be mailed by June 9, 1981.

Please type or print in ink. If you need additional space, use separate sheets of paper. Indicate the letter of the item which applies.

| | | | | | TL # 00 | 11 | 5-0 | 00-001-27 | | |
|---------------|--|---|----------------------------|---------------|---|---|---------------|--------------------------|--|--|
| A | Person Required to Notify: | | MONSA | NTO COMPA | | <u> </u> | -0 -01 -21 | | | |
| | Enter the name and address of the person or organization required to notify. | | Name | | | | | | | |
| | | Street | | | ch Plant | | | | | |
| | | | City | Sauge | t | State | IL | Zip Code 62201 | | |
| В | Site Location: Enter the common name (if known) and actual location of the site. | | Name of Site | Sauget | (Monsant | to Illinoi | s La | ndfill | | |
| | | | | | | | | | | |
| | | | Sweet Falling Springs Road | | | | | | | |
| \mathcal{Z} | 20780614176 | | cay Sau | iget | County St | t.Clair State | <u> 11</u> | Zip Code 62201 | | |
| Ç. | Person to Contact: | | Name II am Eis | er and Tielal | Sinise, | Richard H. | Env: | ironmental Eng | | |
| | | | | | Phone (618) 271-5835 | | | | | |
| - | Dates of Waste Handling: | , , , , , , , , , , , , , , , , , , , | | | | | | | | |
| | Enter the years that you estimate waste treatment, storage, or disposal began and ended at the site. | | From (Year) U | nknown | To (Year) | 1957 | , | | | |
| | | | Sources, you are | | Option 2: This option is available to persons familiar with th Resource Conservation and Recovery Act (RCRA) Section 300 regulations (40 CFR Part 261). Specific Type of Waste: EPA has assigned a four-digit number to each hazerdous war listed in the regulations under Section 3001 of RCRA. Enter appropriate four-digit number in the boxes provided. A copy the list of hazardous wastes and codes can be obtained by | | | | | |
| | 1. □XOrganics 2. □ Inorganics 3. □ Solvents | 3. 🗆 Te | enstruction extiles | | contacting th | ne EPA Region se | rving the | e State in which the sit | | |
| | . 4. □ Pesticides 5. □ Heavy metals | 4. D Fe | rtilizer per/Printing | | | | | | | |
| | 6. C Acids | | ather Tanning | | | <u>i </u> | | | | |
| | 7. D Bases | | n/Steel Foun | · i | | } | | | | |
| | 8. D PCBs | 8. 25 Ch | nemical, Gene | rai | | | | | | |
| | 9. Mixed Municipal Waste | 9. 🗆 Pla | sting/Polishin | 9 | | | | | | |
| | 10. & Unknown | | ilitary/Ammur | ľ | | | | | | |
| | 11. D Other (Specify) | | ectrical Condu | ctors | | | | | | |
| | | | ansformers | | • | ^ | | | | |
| | | | ility Companie | | U | V_0 0 3 2 .m | N -0 R | t | | |
| | | 15. D Ph | Initary/Refuse | • | | | יי ה | t. | | |
| | | · · · · | | | | 6 | | • | | |
| | • | 17. 🖸 Ur | b/Hospital | | • | Ø. | | • | | |
| | | | her (Specify) | - | | \$ 032 JU | | | | |
| | | | | | | | | | | |
| | Form Apmoved OMB No. 2006-0138 | | | | | | | | | |

EPA Form 8900-1

| | Not: at | ion of Hazardous Waste Site | Side Two | | | | | | |
|--|--|--|---|--|---|--|--|--|--|
| F . | v Q | vantitγ: | Facility Type | Total Facility Waste Amount | | | | | |
| Pla_s an X in the appropriate boxes to indicate the facility types found at the site. In the "total facility waste amount" space give the estimated combined quantity (volume) of hazardous wastes at the site | | | 1. Piles | cubic feet | | | | | |
| | | | 2. D Land Treatment 3.X0 Landfill | gations Unknow | vn | | | | |
| | | | 4. 🗆 Tanks | Total Facility Area | | | | | |
| using cubic feet or gallons. In the "total facility area" space, give the estimated area size which the facilities | | | 5. D Impoundment | square feet | | | | | |
| | | | 5. D Underground Injection 7. D Drums, Above Ground | Unknow | vn | | | | |
| | | ing square feet or acres. | 8.XD Drums, Below Ground | | | | | | |
| | | | 9. Other (Specify) | | | | | | |
| 3 | V = - V = V | | | | | | | | |
| Place an X in the appropriate boxes to indicate any know or likely releases of wastes to the environment. | | | | D Known D Suspec | ted D Likely D Non | | | | |
| Note: Items Hand I are optional. Completing these items will assist EPA and State and local governments in locating and ass hazardous waste sites. Although completing the items is not required, you are encouraged to do so. | | | | | | | | | |
| Н | Sketch N | Map of Site Location: (Option | al) | | | | | | |
| | | map showing streets, highways, other prominent landmarks near | | | | | | | |
| | the site. P | lace an X on the map to indicate cation. Draw an arrow showing | | • | | | | | |
| | the directi | on north. You may substitute a | | | | | | | |
| | poonsning | map showing the site location. | | | | | | | |
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| _ | Descripti | ion of Site: (Optional) | | | | | | | |
| | | he history and present of the site. Give directions to | • | | | | | | |
| | the site ar | nd describe any nearby wells, | | | | | | | |
| | informatio | kes, or housing. Include such in as how waste was disposed | | | • | | | | |
| | any other | the waste came from. Provide information or comments which | • | | | | | | |
| | may help | describe the site conditions. | | | | | | | |
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| | | | • | . 1 | § | | | | |
| <u>, </u> | Signature | | | | | | | | |
| | | n or authorized representative | Name J. W. MOLLOY PLANT | MANAGER | - 🖸 Owner, Present | | | | |
| | (such as plant managers, superintendents, trustees or attorneys) of persons required to notify must sign the form and provide a mailing address (if different than address in item A). For other persons providing notification, the signature is optional. Check the boxes which best describe the relationship to the site of the person | | Street W.G. KRUMMRICH PLANT | ☐ Owner, Past ☑ Transporter ☐ Operator, Present ☐ Operator, Past | | | | | |
| | | | | | | | | | |
| | | | City SAUGET State | | | | | | |
| | | | (laha all | 11 | □ Other | | | | |
| | relationshi | o to the site of the nerson | | Date 5/1/8 | , – • • • • • • • • • • • • • • • • • • | | | | |

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| | ~ <u></u> | ·· | CONT | ACT RECORD | | | • | |
| DATE | CONTRACTOR'S | ITELIS DISCUSSED/NES | OLUTION | | • | • | | |
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